MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09073

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights
STREET ADDRESS (If rural, give location) 5019 - 54th Avenue

3. NAME OF DECEASED (Type or Print): (First) Roland (Middle) Maurice (Last) Archibald

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-7-1899

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Federal Communication Commission

10b. KIND OF BUSINESS OR INDUSTRY: Electronic Engineer

11. BIRTHPLACE (State or foreign country): S. Acton, Maine

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Oscar David Archibald

14. MOTHER'S MAIDEN NAME: Ina Ricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs. Marion Archibald, 5019 54th Avenue, Rogers Heights, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion & posterior infarct — Interval between onset and death: 5 days

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

940

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) 9 (Day) 11 (Year) 51 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1951, to 9-11, 1951, that I last saw the deceased alive on 9-10, 1951, and that death occurred at 12 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Roland T Wilkinson MD — 9-11-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 12/1951 — NAME OF CEMETERY OR CREMATORY: Congregational Cemetery — LOCATION (City, town, or county) (State): Chatham, Mass.

DATE REC'D BY LOCAL REG. 9-11-1951 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severa Hyatt, Local

24. FUNERAL DIRECTOR — ADDRESS: W W Chambers & Son, Riverdale Md

VS. A

RECEIVED
SEP 13 1951
BUREAU V. S.

09074

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier Md
LENGTH OF STAY (in this place): 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3805 37th Street,,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier
STREET ADDRESS (If rural, give location): 3805 37th street

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Joseph (Last) Baldwin

4. DATE OF DEATH: (Month) Sept (Day) 23, (Year) 1951 - 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 4/10/1875

9. AGE last birthday: 76 years — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal & roofer

10b. KIND OF BUSINESS OR INDUSTRY: own self

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Andrew J. Baldwin

14. MOTHER'S MAIDEN NAME: Bridget Campbell -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Lenard O Baldwin Mt Rainier Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio - renal vascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

442X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1951, to 9/23, 1951, that I last saw the deceased alive on 9/23, 1951, and that death occurred at 1:30P m., from the causes and on the date stated above.

SIGNATURE: George Hagenge (Degree or title) — ADDRESS: 3112 38th Ave — DATE SIGNED: 9/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/25/51 | NAME OF CEMETERY OR CREMATORY: Ft Lincoln | LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 25 1951 | REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy Local

24. FUNERAL DIRECTOR | ADDRESS: F. Rueckert attended to by

Medical Examiner has been notified and permission granted to sign certificate.

RECEIVED
SEP 27 1951
BUREAU V. S.

09675

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md — LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 6120-43 street

3. NAME OF DECEASED (Type or Print): (First) NANCY (Middle) GARDNER (Last) BARTLETT
4. DATE OF DEATH (Month) Sept (Day) 10, (Year) 19 51
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 6/27/1880
9. AGE last birthday 71 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY none home
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME W. J. Gatewood
14. MOTHER'S MAIDEN NAME Mary Leland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Roscoe C Bartlett Jr Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 15 yrs
(c)

4/20.0 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED: While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8-44 to 9-10-51, that I last saw the deceased alive on 9-10-51, and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John P. Clum M.D. C110 43rd Ave Hyattsville Md 9-11-51

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation — DATE THEREOF 9/11/51 — NAME OF CEMETERY OR CREMATORY Versailles K Y — LOCATION (City, town, or county) Kentucky (State)

DATE REC'D BY LOCAL REG. 9/11/51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR F Gaecha sons — ADDRESS Hyattsville Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 13 1951
BUREAU V. S.

09076

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Park — LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6704-Cockerville Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Darby
STREET ADDRESS (If rural, give location) 136-A. Darrington Rd ✓

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) (Last) Booth
4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-14-1875
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Duff G. Thornburgh
14. MOTHER'S MAIDEN NAME: Tabitha Samuels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Charles D. Patterson — 713 Thurlow St N.W. Wash D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

442X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville Md 9-20-51

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF 9-22-51 | NAME OF CEMETERY OR CREMATORY Upperville Cem. | LOCATION (City, town, or county) (State) Upperville Va.

DATE REC'D BY LOCAL REG. Sept 20 1951 | REGISTRAR'S SIGNATURE Mrs Jas Severe (Deputy Registrar) | 24. FUNERAL DIRECTOR The L.H. Nevius Co. | ADDRESS 3510 14th St. N.W.

VS. A15A

RECEIVED
SEP 21 1951
BUREAU V. S.

09077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1. PLACE OF DEATH: COUNTY Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6704 Coolidge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural, give location) 6704 Coolidge ave

3. NAME OF DECEASED (Type or Print): (First) ROY (Middle) Daniel (Last) BOOTH
4. DATE OF DEATH: (Month) Sept (Day) 11, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 18, 1896
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Orlando A Booth
14. MOTHER'S MAIDEN NAME: Rosella Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Wendell Booth 1520 Willard St. N.W. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Edema (Acute) — 24 hours

3220 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Alcoholism — 14 days

772 (c) Del. Tremens. — 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7/51, to 9/11/51, that I last saw the deceased alive on 9/11/51, and that death occurred at 8:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title): Edward A. Kelly, M.D. — ADDRESS: 1835 Eye St. N.W. — DATE SIGNED: 9/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 14 1951 — NAME OF CEMETERY OR CREMATORY: Congressional Cem — LOCATION (City, town, or county): Wash D.C. (State)

DATE REC'D BY LOCAL REG.: Sept. 11, 1951 — REGISTRAR'S SIGNATURE: Mrs. Jas. Revere (Deputy Local Reg.)
24. FUNERAL DIRECTOR: The J.R. Hume Co. — ADDRESS: 2901-14th St N.W. Wash D.C.

000716

RECEIVED
SEP 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3136

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevrly Md — LENGTH OF STAY (In this place) D.C.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1539 I ST. N.W.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) FRANK (Last) BROWN JR.

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 8-30

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAR Washer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Asheville North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Brown Sr.

14. MOTHER'S MAIDEN NAME: Dennie Dukes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mother - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Beltsville, R. Geo - Md. — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY 9-29-51 1000 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ☒, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep Med Exam. Cheverly Hyattsville md 9-29-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9/29/51 — NAME OF CEMETERY OR CREMATORY W. Ernest Davis & Co. — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-29-51 — REGISTRAR'S SIGNATURE Amanda Mooney — 24. FUNERAL DIRECTOR W. Ernest Davis & Co. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Pr. George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chapel Hill — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9093 Old Fort Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) (Last) Browner

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Feb 8 1905

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): PR. George County Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred Young

14. MOTHER'S MAIDEN NAME: Mollie West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yrs

0-2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Malnutrition

13b (c) Cardiac Decompensation — 2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Sept, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE: Anna Cigne Todd (Degree or title) M.D. ADDRESS: 7214 Palmer Rd S.E. DATE SIGNED: 9-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/12/51 — NAME OF CEMETERY OR CREMATORY: Church Cemetery — LOCATION (City, town, or county) (State): Chapel Hill Md

DATE RECD BY LOCAL REGISTRAR: Sept 8 1951 — REGISTRAR'S SIGNATURE: Edna F. Collins

24. FUNERAL DIRECTOR — ADDRESS: John T. Rhine & Co. 901-3rd St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 15-min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. General.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 7200 Central Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUY	WHITTINGHAM	BRYAN	Sept.	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Aug. 15, 1888	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Guard.	U.S. Govt	Prince Geo County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Whittingham Bryan	Addie C. Brooke.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	Mrs. Ray Bryan - 7200 Central Ave Seat Pleasant Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive coronary heart disease	10 years
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 5, 1941, to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 12 NOON m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Brannin MD	6124 Central Ave Capitol Hgts Md	9/17/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/20/51	Addison Chapel	Seat Pleasant, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-17-51	Amanda Downey	W W Chambers Co	West. N. C.

5/17/57
Coroner called & permission given to sign certificate.
Brannin MD

BUREAU V. S.
1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09081

Reg. Dist. No. 4-4-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 73rd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 507 73rd Place

3. NAME OF DECEASED (Type or Print): (First) Richard Lee (Middle) (Last) Burns

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/2/45

9. AGE last birthday: 6 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walker J. Burns

14. MOTHER'S MAIDEN NAME: Clara Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Walker J. Burns, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0

Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Universal burns of the body

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Seat Pleasant (COUNTY) P. G. (STATE) Md

TIME OF INJURY (Month) 9 (Day) 11 (Year) 51 (Hour) 5:00A

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? In house that burned

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ☒, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 9/11/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/13/51 NAME OF CEMETERY OR CREMATORY Washington Natl. LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 8/12-51 REGISTRAR'S SIGNATURE Carrie S. Campbell

24. FUNERAL DIRECTOR Flasch & Sons ADDRESS Hyattsville

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

C9082

Reg. Dist. No. 1 4 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 73rd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 507 73rd Place

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Wayne (Last) Burns

4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/7/44

9. AGE: Last birthday 7 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walker J. Burns

14. MOTHER'S MAIDEN NAME: Clara Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Walker J. Burns, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 **Immediate cause** (a) Shock — Interval between onset and death:

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Universal burns of the body

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN) Seat Pleasant (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 11 (Year) 51 (Hour) 5:00 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? In house that burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James F. Boyd (Degree or title) M. D. ADDRESS: Forestville, Md. DATE SIGNED: 9/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8/13/51 | NAME OF CEMETERY OR CREMATORY: Washington Natl. | LOCATION (City, town, or county): Suitland (State): Md

DATE REC'D BY LOCAL REG.: 8/13/51 | REGISTRAR'S SIGNATURE: Carrie F. Campbell | 24. FUNERAL DIRECTOR: F. Gasch & Sons | ADDRESS: Hyattsville, Md.

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville, Maryland — LENGTH OF STAY (in this place) 21 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheltenham, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) (Last) Callaghan

4. DATE OF DEATH: (Month) Sept. (Day) 3, (Year) 19 51

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 23-1910 — 9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: William H. Luckett — 14. MOTHER'S MAIDEN NAME: Annie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Francis Callaghan - Cheltenham Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple Pulmonary embolis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Massive Infarction of the Spleen. 42, C 91a

(c) Acute Endocarditis c Vegetations

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple petechiae and hemorrhages

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 19 51, to Sept. 3, 19 51, that I last saw the deceased alive on ....., 19....., and that death occurred at 10:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James E. Hansen M.D. — Upper Marlboro — 9-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 6-1951 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel — LOCATION (City, town, or county) (State): Upper Marlboro Md

DATE REC'D BY LOCAL REG.: September 5th 1951 — REGISTRAR'S SIGNATURE: R. Ernest Smith — 24. FUNERAL DIRECTOR — ADDRESS: Ritchie Bros - Upper Marlboro, Md.

VS. A16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Dale (rural)
LENGTH OF STAY (in this place): 1 yr., and 4 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: 1.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District Heights
STREET ADDRESS (If rural, give location): County Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) M (Last) COATES
4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6/4/1896
9. AGE last birthday: 55 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter
10b. KIND OF BUSINESS OR INDUSTRY: D.C. Water Dept.
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Coates
14. MOTHER'S MAIDEN NAME: Martha Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 577-12-3608
17. INFORMANT AND ADDRESS: Relative

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	10 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis of Spine	10 months
	(c)	

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

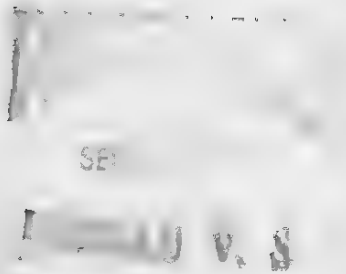
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15/51, 19 51, to 9/19/51, 19 51, that I last saw the deceased alive on 9/19/51, 19 51, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE: Daniel L. Finucane (Degree or title) MD ADDRESS: Glen Dale Sanatorium, Glen Dale, Maryland DATE SIGNED: 9/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 9/19/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 9/19/51 | REGISTRAR'S SIGNATURE: Neal Wells | 24. FUNERAL DIRECTOR: Robert J. Nasmith Co ADDRESS: 7500 Nuhlers, S.E.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill; MARYLAND LENGTH OF STAY (If this place) Transient; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9687 Livingston Road S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P.G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill; STREET ADDRESS (If rural, give location) Livingston Road S.E.

3. NAME OF DECEASED (Type or Print): (First) Edward; (Middle); (Last) Cooper

4. DATE OF DEATH: (Month) 9; (Day) 18; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/24/02

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Henry Lusby, Piscataway, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James H Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 9/18/51

23. BURIAL, CREMATION or REMOVAL (Specify) DATE THEREOF 9-21-51 NAME OF CEMETERY OR CREMATORY Ivon Windy LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 9-20-51 REGISTRAR'S SIGNATURE W. L. Hollis Mrs. Alton Davis

24. FUNERAL DIRECTOR Hunt & Lyon ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 Montgomery St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 414 Montgomery St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Nathaniel (Last) Daisey

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 10, 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tobacco

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William N. Daisey

14. MOTHER'S MAIDEN NAME: Arbridge Phipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Wm N. Daisey jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 12 hr.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1951, to Sept 15, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 10:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert L McCreary M D 402 Main St Laurel Md 9/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9/18/51 — NAME OF CEMETERY OR CREMATORY: Bowie Catholic Cemetery — LOCATION (City, town, or county) (State): Bowie Md

DATE REC'D BY LOCAL REG.: Sept 16-1951 — REGISTRAR'S SIGNATURE: M Beashears — 24. FUNERAL DIRECTOR: E. Gaschen & Sons — ADDRESS: Hyattsville Md

Note. Coroner Dr. James T Boyd
call and case discussed with
him. It had typical cor-
onary thrombosis attack at
about 11:00 A.M. date of
death and did well up
to few minutes before
this death

R J McElroney M D

RECEIVED
13 1951
S. V. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxen Hill — LENGTH OF STAY (in this place): 68 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxen Hill, Md.
STREET ADDRESS (If rural, give location): 2283 Owens Rd.

3. NAME OF DECEASED (Type or Print): (First) Besse (Middle) Irene (Last) Dean

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-23-1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Bivins

14. MOTHER'S MAIDEN NAME: Adaline Austin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Grace Walters - 2283 Owens Rd. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	30 min
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart disease	5 yr
73d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Sept 29, 1951, that I last saw the deceased alive on Sept 28, 1951, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John B Tegan, MD — ADDRESS: 2210 Nichols Ave SE Wash DC — DATE SIGNED: 9-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Interment — DATE: Oct 1, 1951 — NAME OF CEMETERY OR CREMATORY: Lt Burnham — LOCATION (City, town, or county) (State): Oxon Hill, Maryland

DATE REC'D BY LOCAL REG.: Sept. 30-51 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR / ADDRESS: W. W. Chambers Co. — 517 11th St. SE Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6114--42nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville,
STREET ADDRESS (If rural, give location) 6114--42nd Place

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MARY (Last) DICKINSON

4. DATE OF DEATH: (Month) Sept. (Day) 26th, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

DATE OF BIRTH: July 26/1883

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Massillon, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis J. Hoch

14. MOTHER'S MAIDEN NAME: Amelia Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Miss Gwendolyn Anne Dickinson

18. MEDICAL CERTIFICATION 6114--42nd Pl. Hyatts.Md.

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma to Brain — 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Left Breast — 18 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1951, to 9-26, 1951, that I last saw the deceased alive on 9-20, 1951, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Bunoyer M.D — ADDRESS: Mt. Rainier Md. — DATE SIGNED: 9-26-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/28/1951	Mt. Olivet Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG. Sept. 26 1951 — REGISTRAR'S SIGNATURE: Mrs. Ina Serene Asst. (Deputy) — 24. FUNERAL DIRECTOR AND ADDRESS: W.W. Chambers Company, Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X X X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 6111 - Shadyside Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EDWARD WILLIAM (Last) DOVE
4. DATE OF DEATH: (Month) Sept (Day) 10th (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	3/17/1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E Dove
14. MOTHER'S MAIDEN NAME: Eleanor J. Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-12-6121
17. INFORMANT AND ADDRESS: Mrs Ida J. Robertson 1811 Q St NE Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

1/1 2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1951., to Sept 10 ..., 1951., that I last saw the deceased alive on Sept 1 ..., 1951 and that death occurred at 8:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James E. Boyd M.D. Prostatitis Md 9/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/13/1951 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Pointland Md

DATE REC'D BY LOCAL REG. Sept. 12-51 — REGISTRAR'S SIGNATURE Carrie F. Campbell — 24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Co 517-11th St. S.E.

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

S 90

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY in this place transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jones Mill Crossing - B&O R.R.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 2000 Maine Ave. N.E.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) R. (Last) Dudley
4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1951
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 21, 1920
9. AGE last birthday: 31 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ernest Robert Dudley
14. MOTHER'S MAIDEN NAME: Lena Lucas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Yes World War 2
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Esther Porter - 337-14th St. N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple lacerations & fractures of body

170a .5

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Bladensburg (COUNTY) Prince Georges (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 28 (Year) 51 (Hour) 10:25 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Collision of automobile occupied by 6 people with B&O Freight train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md. 9-27-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 29 Sept 51 | NAME OF CEMETERY OR CREMATORY W. Conner Jones Co. | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 9/29/51 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. Conner Jones Co. | ADDRESS Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

39391

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Rd | LENGTH OF STAY (in this place) Commuted Home
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801-42nd St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6725-44th ave Hyattsville Md
STREET ADDRESS (If rural, give location with mile)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Stanley (Last) Dunbar

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 19 57

5. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Jan 21, 1865 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: minister | 11. BIRTHPLACE (State or foreign country): Maria | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Dunbar | 14. MOTHER'S MAIDEN NAME: Elizabeth Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Rebe Hare Richards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Indeterminate

Antecedent cause(s) (b) Cerebro-Sclerosis — Indeterminate

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cerebral Hemorrhage c Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Prostatectomy Benign

INTERVAL BETWEEN ONSET AND DEATH

331X
13d

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1 19 45, to Sept 28 19 57, that I last saw the deceased alive on Sept 28, 19 57, and that death occurred at 3 45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Geo L Salb M D | 3835 Eastern Ave Silver Spring Md | Sept 28, 1957

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Oct 1, 1957 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemy | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Sept 28 1957 | REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR | ADDRESS: The A H. Hines Co 2901-14th St NW D.C.

VS. A16

U. S. Patent

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3141 '92

Reg. Dist. No. 2181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY: Prince George's — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
   LENGTH OF STAY (In this place): 12 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3005 Cheverly ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince George's
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
   STREET ADDRESS (If rural, give location): 3005 - Cheverly ave

3. NAME OF DECEASED (Type or Print): (First) Irma (Middle) Emma (Last) Dyson

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan 24 1896

9. AGE last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House - wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Henry Burroughs

14. MOTHER'S MAIDEN NAME: Emma Nairs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Vivian Dyson - Daughter same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Cheverly — (COUNTY) P. Geo. — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-25-51 3.50 p m.

INJURY OCCURRED: While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Accident Drowning in bath tub.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John D. Maloney M.D. Dep. Med. Exam. — ADDRESS: Cheverly Hyattsville Md — DATE SIGNED: 9-27-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 1, 1951 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county): Colmar Manor (State) Md

DATE REC'D BY LOCAL REG.: Sept 29/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: E. Rasche Son — ADDRESS: Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highbridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater A.A.Co Md.
STREET ADDRESS (If rural, give location) Annapolis

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	Rebecca	Enoch	Sept.	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Apr-3-1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home	Home	A A Co Md	U.S.A.

13. FATHER'S NAME: Phillip Dorsey Carr
14. MOTHER'S MAIDEN NAME: Sally Higgins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Charles Hopkins Edgewater A.A.Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	3 weeks
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Cardio-Vascular Renal Disease	year
	(c) Hypertension	year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	Highbridge	Prince Georges Co.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		

22. I hereby certify that I attended the deceased from Jan, 1951, to Sept 29 1951, that I last saw the deceased alive on Sept 27 1951, and that death occurred at 11 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James Kurtz M.D. RFD Bowie Md. 9/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 2 51	St. STEPHENS	Chesterfield A.A.Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 1, 1951	Mrs. John W. Yingling	John M Taylor	Annapolis Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09694

CERTIFICATE OF DEATH

Reg. Dist. No. 2-3-4

1. PLACE OF DEATH:

County Prince Georges

City or town Washington 20 DC (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution? at time Since March 1949

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)

State Maryland County Prince Geo's Co.

City or town Camp Springs
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5580 - Allentown Rd S E
(If rural, give LOCATION)

(a) If veteran, name war

3. (a) FULL NAME Charles J. Fairall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife Mary M. Fairall

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 - 1902

8. AGE: Years 48 | Months | Days | If less than one day hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Typesetter mechanic

11. Industry or business Remington Rand

MOTHER FATHER

12. Name John Fairall

13. Birthplace ?

14. Maiden name Elizabeth Norfolk

15. Birthplace ?

16. Informant Mary M. Fairall

Address 5580 Allentown Rd S E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 18-51 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Suitland, Maryland

18. Funeral director Simmons Brothers

Address 2007 - Nichols Ave S E.

19. Sept 16 1951 Howard J. Brady Registrar
(Date rec'd by registrar)

Mrs. Clifton Davis

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1951, at 1 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 1949 to Sept 16 1951 and that I last saw him alive on Sept 15 1951

Immediate cause of death	DURATION
Gastric Hemorrhage and Secondary Anemia	3 Days
Due to Adenocarcinoma of lower end of Colon with metastasis	3 years
Other conditions None of note	

(Include pregnancy within 3 months of death)

Major findings of operation Grade 2 Adenocarcinoma Lower End of Colon Date of op. March 9 1949

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Natural Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul C. Van Matre M. D.

Address 5440 Silver Hill Road S E Washington 20 DC Date signed Sept 16 1951

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newton Village
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4916 Monroe St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newton Village
STREET ADDRESS (If rural, give location) 4916 Monroe Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	John	Fierstein	Sept	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	11/26/1881	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operator disposal plant	Sanitary Comm.	Germany	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carl Fierstein	Amelia ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Annie Fierstein Newton Village Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Haemorrhage	3 mos
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 8th a	(b) Hypertension	6 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1951, to Sept. 7, 1951, that I last saw the deceased alive on Sept 6, 1951, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard Hays	M.D.	Hyattsville Md	9-8-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/10/1951	Ft. Lincoln Cemetery	Colmar Manor Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
9/8/51	Amanda Downey	F. Gasch's Sons Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland — LENGTH OF STAY in this place Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Navahoe Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY U. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Lakeland -

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Primus

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 19 51

5. SEX: Male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid. — 8. DATE OF BIRTH: 1912 — 9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor — 10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 164-14-2255

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Knife wound of chest

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garden — (CITY OR TOWN) Lakeland — (COUNTY) Prince Georges — (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 21 (Year) 51 (Hour) 10.50 a.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Stabbed by another person

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☒, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. Malone, M.D. Dep. Med. Exm. Cheverly Hyattsville, Md. 9-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 9/25/51 — NAME OF CEMETERY OR CREMATORY Methodist Cemetery — LOCATION (City, town, or county) (State) Bladensburg, Md.

DATE REC'D BY LOCAL REG. 9/25/51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS F. Dasche Sons - Hyattsville, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md
LENGTH OF STAY (In this place) Stranger
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G Meade
STREET ADDRESS (If rural, give location) Co A 168 MP Bn Fort George G Meade

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) E (Last) Foster

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 4 1928

9. AGE last birthday: 23 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Nashville, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ruben D. Foster

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Current

16. SOCIAL SECURITY NO. 410-86-6649

17. INFORMANT AND ADDRESS: U.S. Army Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage and Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed pelvis and lacerated perineum

(c) Motor cycle - accident

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Railway

(CITY OR TOWN) Laurel (COUNTY) Prince Geo. (STATE) Md.

TIME OF INJURY (Month) Sept (Day) 28 (Year) 1951 (Hour) 1 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Lost control, motorcycle - [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep Med Exam Cheverly Hyattsville md 9-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Oct 1-51

NAME OF CEMETERY OR CREMATORY: Rosemont Memorial Home

LOCATION (City, town, or county) (State): Nashville Tenn

DATE REC'D BY LOCAL REG. 10/1/51

REGISTRAR'S SIGNATURE: A V Hedrick

24. FUNERAL DIRECTOR: East Brothers Funeral Home ADDRESS: 403-E-25th Baltimore 18 Md.

Item 3,8, FilmG136 10/1/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oneserly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dear Pleasant
STREET ADDRESS (If rural, give location) 329 Eastern Ave NE

3. NAME OF DECEASED (Type or Print): (First) Elijah (Middle) ~~H~~ G. (Last) Gentle (Gentle)

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1957

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 22 1896

9. AGE last birthday: 60 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Ship

10b. KIND OF BUSINESS OR INDUSTRY: Washington Terminal

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John ~~Gentle~~ Gentle

14. MOTHER'S MAIDEN NAME: Emma Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Beulah ~~Gentle~~ Gentle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 9 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic due to Coronary Heart disease — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14/51, 19..., to 9/25, 1957, that I last saw the deceased alive on 9/25, 1957, and that death occurred at 7:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brainin MD 6104 Central Ave Capitol Hgts Md 9/25/57

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial Sept 28 '57 | Cedar Hill | Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. 9-26-57 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS J. Wm Lee Sons Co. Wash, DC. 300 - 4th St. N. E.

SEP
BU V. S.

3135

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Then correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this Place) 2 D. 2 H.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 2101 - 9th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Leona (Middle) Sophia (Last) Gilmore

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 5, 1928

9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Columbia, S. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Talbert Bynum

14. MOTHER'S MAIDEN NAME: Gertrude Goode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: [redacted] Husband - 1314-7th St. N.W., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage-shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple fractures of head & body	
	(c) Automobile accident -	

82.5
170 r

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) Garage | (CITY OR TOWN) Bethesda (COUNTY) Mont. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 9-27-51 1.00 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Automobile accident -

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jerome Wolonsky M.D. Resident Physician Howard Hospital, Wash. D.C. 9-29-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Sept 29, 1951 | NAME OF CEMETERY OR CREMATORY Hall Brothers Undertakers | LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 9-29-51 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS Hall Brothers Undertakers Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3326 Bay St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Taylor (Last) Glanz

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 28, 1916

9. AGE Last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typewriter repairman

10b. KIND OF BUSINESS OR INDUSTRY: L.C. Smith

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Glanz

14. MOTHER'S MAIDEN NAME: Eugenia Sievald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Yes Unknown

17. INFORMANT AND ADDRESS: Ch. Glanz - Vienna, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral compression	
816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of skull	
	(c) Crushed chest	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured pain

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) near Bristol — (COUNTY) Pr. Geo — (STATE) Maryland.

TIME OF INJURY (Month) 9 (Day) 29 (Year) 51 (Hour) 1.15 P. m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Collision between 2 automobiles.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. McInerney, M.D. Dep. Med. Exam. Laurel Hyatts'ville, Md. 9-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 2, 1951 — NAME OF CEMETERY OR ~~CREMATORY~~: George Washington Mem. Pk. — LOCATION (City, town, or county) (State): Hyattsville, Maryland.

DATE REC'D BY LOCAL REGISTRAR: Oct. 1-51 — REGISTRAR'S SIGNATURE: Carrie F. Carnfield — 24. FUNERAL DIRECTOR: A.A. Chambers Co — ADDRESS: 517-11th St. SE

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Lonnidee
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) GRANDL

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: race horse

11. BIRTHPLACE (State or foreign country): Engenfeld Austria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: A. J. Haas Bowie, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure — 1 day.

450.0 / 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atypical Pneumonia — 1 wk.

(c) ~~Arteriosclerosis~~ — ~~5 yrs.~~

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/30, 1951, to 9/4, 1951, that I last saw the deceased alive on 9/4/51, 19..., and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. M. Warren M.D. ADDRESS Laurel DATE SIGNED 9/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Sept 5 1951 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Sept 4 — 51 — REGISTRAR'S SIGNATURE: M. Bashore

24. FUNERAL DIRECTOR: Griffith Funeral Home — ADDRESS: Laurel, Md

09339

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the diagnoses of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover — LENGTH OF STAY (In this place) 35 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Francis (Last) Green

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: July 27-1890 — 9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Watts Gas Co. — 11. BIRTHPLACE (State or foreign country): Prince Geo. Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unk. — 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Carrie Green (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c) Pulmonary Emphysema. — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950 to Sept. 23 1951 that I last saw the deceased alive Sept. 23, 1951, and that death occurred at 2:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. G. Bledsoe, M.D. — ADDRESS 4423 Hunt Pl. N.W. Washington D.C. — DATE SIGNED 9-23-51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Sept. 23-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Washington — (State) D.C.

DATE REC'D BY LOCAL REG. Sept. 23-51 — REGISTRAR'S SIGNATURE Carrie F. Campbell

24. FUNERAL DIRECTOR Robert G. McGuire — ADDRESS 1820-9th St. N.W.

V8—A15

RE
SEP 26 1951
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly
LENGTH OF STAY (in this place) 13 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY (2-710)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 4307 - 74th

3. NAME OF DECEASED (Type or Print): (First) Valentine (Middle) Gaenthal (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 9 - 9 - 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2-21-86

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Valentin Gaenthal

14. MOTHER'S MAIDEN NAME: Barbara Rodhaupt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 098-01-2736

17. INFORMANT AND ADDRESS: Chas. Gaenthal - Son - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Congestive heart failure	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion	
(c) Cardiovascular renal disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

420.1
B12

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Mahoney M.D. Dep. Md. Chevy Chase - Hyattsville Md 9-9-57

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE THEREOF 9/10/51 | NAME OF CEMETERY OR CREMATORY Cypress Hill | LOCATION (City, town, or county) (State) Cypress Hills L.I.

DATE REC'D BY LOCAL REG. 9/10-51 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR | ADDRESS L. Eacker 4111 Hamlin St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md.; STREET ADDRESS (If rural, give location) 5610 - 36th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDMUND	BERNARD	HART	Sept	24	19 57

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-26-1899	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	General Accounting	Dorchester Mass.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph E. Hart	Margaret Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes World War I		Clara E. Hart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation with Pulmonary edema	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive and arteriosclerotic cardio-vascular disease	years
	(c) Cardio-vascular accident with right hemi-plegia	3 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 19 57, to Sept 24, 19 57, that I last saw the deceased alive on Sept 22, 19 57, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest S. Fleischer M.D.		5432 Queens Chapel Rd. Hyattsville	9/24/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-27-57	Ft. Lincoln Cemetery	Colmar Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 24, 1957	Mrs. Jos. Severe (Deputy Registrar)	The S. H. Hines Co.	2901-14 Washington D.C.

VS. A15

REC
SEP

Item 8 Film 6130 9/19/81 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham Md
STREET ADDRESS (If rural, give location) Ford Lack Road

3. NAME OF DECEASED: (First) Lillian — (Middle) — (Last) Hastings-Beale

4. DATE OF DEATH: (Month) September (Day) 11, (Year) 19 51

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Aug 31, 1861 — 9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Farm Land — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Collins Melham — 14. MOTHER'S MAIDEN NAME: Malone, Ella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Mamie Hastings Lanham Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxic Hepatitis C. Jaundice

5 11.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Femoral Hernia C incarceration T paralytic ileus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Sept, 1951, to 11 Sept, 1951, that I last saw the deceased alive on 11 Sept, 1951, and that death occurred at 10:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William B. Hagan M.D. — 3306 R.I. Ave. Mt. Rainier Md — 9/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 14-51 — NAME OF CEMETERY OR CREMATORY: Parsons Cem — LOCATION (City, town, or county): Salisbury — (State): Md

DATE REC'D BY LOCAL REG. 9/12/51 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. Walter R. Holloway — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4225 Madison Street

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) Sophie (Last) Hawkins
4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Wid.
8. DATE OF BIRTH: Apr 2, 1861
9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jeremiah Rogers Case
14. MOTHER'S MAIDEN NAME: Nancy Emma Ruppel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Surgical shock.

186a (c) Open operation for intertrochanteric fracture Lft femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept-16/1951
19b. MAJOR FINDINGS OF OPERATION: Same
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) Hyattsville (COUNTY) Pr. Geo (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 14 (Year) 51 (Hour) 1 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Lost balance & fell to ground breaking femur

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Maloney M.D. Dep. Med. Exr. Cheverly Hyattsville, Md. 9-16-51

22. BURIAL, CREMATION, REMOVAL (Specify) Transportation — DATE THEREOF 9/17/51 — NAME OF CEMETERY OR CREMATORY Elysia — LOCATION (City, town, or county) Ohio (State)

DATE REC'D BY LOCAL REG. Sept. 17th 1951 — REGISTRAR'S SIGNATURE Mrs. Jos. Lewis Deputy Reg.

24. FUNERAL DIRECTOR F. Bracke Sons — ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

SEP 18 1951
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Park
LENGTH OF STAY (In this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Clarence (Last) Hawkins

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Aug 15

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hawkins

14. MOTHER'S MAIDEN NAME: Mary Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Harold Hawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) 465X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11a (b) rupture pulmonary embolism

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I ~~hereby certify that I~~ attended the deceased from ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on ....., 19....., and~~ that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE James J. Ryon, M.D. (Degree or title) ADDRESS Prince Georges General Hosp Hyattsville Md DATE SIGNED 9/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 9-27-51 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) Clinton Md (State)

DATE REC'D BY LOCAL REG. 9-26-51 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf Md

RECEIVED
27 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10107

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baden — LENGTH OF STAY (In this place): Trans...
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Baden-Westwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	Mary	Heilmeier	Sept.	29	19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	[illegible]	9/[illegible]/31	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stenographer	U. S. Govt.	Catonsville, Md.	U. S. A.

13. FATHER'S NAME: Ludwig Heilmeier

14. MOTHER'S MAIDEN NAME: Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	579-44-31	Ludwig Heilmeier, Baden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to multiple gun shot wounds of the head

(c)

98/X
166

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
I. Cause of death	Baden		P. G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
9	29	31	4:30 p.m.			Shot during an altercation

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M. D.	Forestville, Md.	9/29/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10-2-51	St Peters	Waldorf md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-1-51	[signature]	Hunt & Ryon	Waldorf Md

VS-145A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Laurel Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 114 Laurel Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Madeline	Hall	May	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Widowed	May 31 1882	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Mississippi	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Edwards	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Lillian Jones, Laurel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension
(c) Cerebral hemorrhage

4/48/1
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Nalevanko	M.D.	Hattiesburg, Miss.	9-1-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Sept. 2, 1951		Mississippi

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 2, 1951	Carrie F. Campbell	Rollins Funeral Home	4339 Hamilton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3139

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09109

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park. — STREET ADDRESS (If rural, give location) 4323 Woodberry Road.

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) (Last) Hook.

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 20-1859

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Wood

14. MOTHER'S MAIDEN NAME: Eliza Ann Rye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Amanda Ferguson 4323 Woodberry St. University Park. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart failure.	2 wks
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary congestion & Edema. Hydrothorax, bilateral	2 wks
	(c) Arteriosclerotic Heart Disease	10-10-yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Carcinoma of cervix & carcinomatosis — 15 yrs

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12/51, 19..., to 9/30, 19 51, that I last saw the deceased alive on 9/30, 19 51, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

SIGNATURE: J. H. Etienne, M.D. (Degree or title) — ADDRESS: College Park, Md. — DATE SIGNED: 10-1-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10-2-51 — NAME OF CEMETERY OR CREMATORY: Union — LOCATION (City, town, or county) (State): Alex. Va.

DATE REC'D BY LOCAL REG. 10/2/51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: Sidney C. Poynter — ADDRESS: Cunningham Funeral Home Alexandria

VS. A13

OCT 4 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Fix correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6154 - 1st Parmer Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 6154 1st Parmer Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gary		Hook	9	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	3/21/51	yrs.	6	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Maurice Newton	Susan Hook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Susan Hook same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fire & smothering in bed coverings

(c)

124.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Oxon Hill	P.G.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
9	30	51	7:00 p.m.			Smothered in bed coverings

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	Fairfield Md	9/30/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10-2-51	Oxon Hill	Oxon Hill Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/30/51	Howard I Beall	Robt. G Mason	2500 nichols ave S E Wash DC

McAllon Davis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyatts.Conv.& Nursing Home 5801 42d Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE None; COUNTY None
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 933 L Street N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) (Last) HULFISH
4. DATE OF DEATH: (Month) Sept. (Day) 16, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Nov. 27,1892	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Frank N. Hulfish, 933 L St.,N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MULTIPLE MYELOMA (METASTASES)c.	2½ Yrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE	NONE		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE m.		NONE

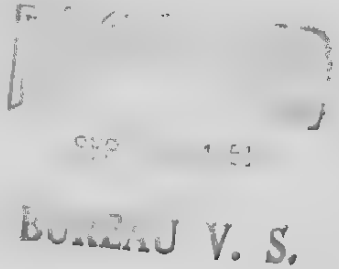
22. I hereby certify that I attended the deceased from Jul 15, 1951, to Sep 16, 1951, that I last saw the deceased alive on Sep 14, 1951, and that death occurred at 4:00 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reginald A. Cutting, M.D. ADDRESS REGINALD A. CUTTING, M. D., 1247 New Hampshire Ave.,N.W. DATE SIGNED 9/16/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sep 19,1951	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG. Sept 17, 1951 REGISTRAR'S SIGNATURE James Dewey

24. FUNERAL DIRECTOR ADDRESS: W. W. CHAMBERS CO., Riverdale, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9112

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3-61 St. N.E. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Hts., Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) J (Last) HURDLE

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1951

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Feb. 27, 1875 — 9. AGE last birthday: 76? yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY: — — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lender Long — 14. MOTHER'S MAIDEN NAME: Barbour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT: Mrs Frances Brook

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 5 mos.

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b) Prolonged bronchitis

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 11, 1951, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Within a short time after the 6/24 [illegible] 9/11/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE Sept 14 1951 — NAME OF CEMETERY OR CREMATORY: Int. Olivet Cem. — LOCATION (City, town, or county) (State): Bladensburg Rd. D.C.

DATE REC'D BY LOCAL REG. Sept. 10 - 51 — REGISTRAR'S SIGNATURE: Carrie F. Campbell — 24. FUNERAL DIRECTOR: Neal Funeral Home — ADDRESS: Wash. D.C. 4812 Ga. Ave. N.W.

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 789

1. PLACE OF DEATH: COUNTY Prince George's-Laurel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel-Laurel, LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Conn COUNTY Fairfield
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stamford
STREET ADDRESS 16 Pine Tree (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) BENEDICT (Last) HUTCHINSON

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 17 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Rolling Mill

11. BIRTHPLACE (State or foreign country): Princeton, New Jersey

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Willie Hutchinson

14. MOTHER'S MAIDEN NAME: Carrie A. Trusty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 041-03-1247

17. INFORMANT AND ADDRESS: Stella Hutchinson, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 hrs.
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 411a	(b) Hypertension - Apoplexy	10 yrs
	(c) Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8/51, to 9/8/51, that I last saw the deceased alive on 9/8/51, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE: J. M. Warren (Degree or title) M.D. ADDRESS Laurel DATE SIGNED 9/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/11/51 | NAME OF CEMETERY OR CREMATORY: Pinelawn Cemetery | LOCATION (City, town, or county): Babylon N.Y. (State)

DATE REC'D BY LOCAL REG. 9-8-51 | REGISTRAR'S SIGNATURE: M Brashears | 24. FUNERAL DIRECTOR: Donaldson Funeral Home - Laurel, Md. ADDRESS

Brooks Funeral Home - Pa...

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9114

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4104 Russell Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 4104 - Russell Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH	MARIA	HYSAN	SEP	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	MARRIED	5/13/1904	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Wife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME Richard Flynn

14. MOTHER'S MAIDEN NAME Mary Manson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Paul F. Hyson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY THROMBOSIS	12 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO VASC DISEASE	4 MONTHS
	(c)	

420.1
93

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE 1, 1951, to SEP 5, 1951, that I last saw the deceased alive on SEP 5, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Sugar	M.D.	4300 KAYWOOD DRIVE MT RAINIER, Md	9/5/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/8/51	Fort Lincoln Cemetery	Colmar Manor, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 7, 1917	James Sercey	Talley's Funeral Home	5200 - 44 Ave Mt. Rainier, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Geo — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARRIE	E.	JONES	SEPT.	25,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	SINGLE	SEPT. 6, 1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AT HOME	NONE	BELTSVILLE, MD.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY R. JONES	ELIZABETH SIMMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NO	MISS SARAH E. JONES, BELTSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 8 days

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis - Chronic Interstitial — 8 yrs

1312 nephritis - Hypertensive Heart Disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/22, 1951, to 9/25, 1951, that I last saw the deceased alive on 9/24 1951, and that death occurred at 7a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Fennell	M.D.	3146 Computer Laurel Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 27 1951	St. Johns Episcopal Church	Beltsville, Prince Geo Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 26/1951	Jesse D. Smith	Metzger & Waltz	254 Carroll Ave W Takoma Park D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] natural / LENGTH OF STAY (In this place) [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2031 - Point	STREET ADDRESS 2031 - Point (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lennie	Smith	Jones	Sept		1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	Negro	[illegible]	1/9/1793	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired	[illegible]	[illegible]	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible] Jones	Adelaide Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
[illegible]	— —	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac arrest [illegible]	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and if said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] Deputy		[illegible]	9-1-51

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/4/51	Ft. Lincoln Cem.	Prince Geo. County Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 1, 1951	James Dewey	The S. N. Davis Co.	2901 - 14th St. N.W.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 107 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 3609 Livingston St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Olive	Beatrice	Lacy	9	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	3/21/1889	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Law Ver	Law	Camden, N.J.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Taylor Lacy	Elinor Oliver Applegate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
			Mary Lacy Haddonfield NJ.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Breast with	3 years
170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Metastases to Chest and Spine	6 Mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 27 1951, to Sept 12 1951, that I last saw the deceased alive on Sept 12 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L W Malen	MD	Riverdale Md	9-13-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/17/51	Edmondson Cem.	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 13 1951	James Dorsey	Jos. Gawler's Sons	1756 Penna Ave N.W.

VS. A1

Item 18 Film 137 11-27-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6011 - 37th Ave Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Hyattsville
STREET ADDRESS (If rural, give location) 6011-37th ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) addison (Last) Lukens Jr.

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: apr 20, 1951

9. AGE last birthday: yrs. 5 — If under 1 year: Months — Days 4 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert addison Lukens

14. MOTHER'S MAIDEN NAME: Dorathy Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr Robert Lukens - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute pharyngitis

472.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dilatation of heart.

(c) Acute myocarditis (11-27-51 ams)

INTERVAL BETWEEN ONSET AND DEATH: 24 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 20, 1951, to Sept 24, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L W Malin MD — ADDRESS: Riverdale md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 26 1951 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county): Colmar Manor — (State): Md.

DATE REC'D BY LOCAL REG: Sept. 25 1951 — REGISTRAR'S SIGNATURE: Mrs. Jos. Severe (Deputy) — 24. FUNERAL DIRECTOR: T. Gaseho Sons — ADDRESS: Hyattsville Md.

20 - 212.405

SEP
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural, give location) 6516 Buchanan St.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Meyers

4. DATE OF DEATH (Month) Sept. (Day) 16 (Year) 1951

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH July 4, 1878 | 9. AGE last birthday 73 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) France | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ? | 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Hrt. failure & Pulmonary Congestion & Edema

4/20/0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
92 d (b) Infarcts of kidneys, spleen & pass. Wy of cerebrum

(c) Arteriosclerotic Heart Disease & Mitral Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6 25 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William Brannin MD 6124 Central Ave, Capitol Hgts Md

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9/19/51 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) Wash. DC. (State)

DATE REC'D BY LOCAL REG. 9-17-51 | REGISTRAR'S SIGNATURE Amanda Moroney | 24. FUNERAL DIRECTOR Thos. B. Hanlon | ADDRESS 691-17 St NE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham, Md. — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Maryland
STREET ADDRESS (If rural, give location) 5419 - Powhatan Road

3. NAME OF DECEASED (Type or Print): (First) Vincent (Middle) Joseph (Last) Moylan
4. DATE OF DEATH: (Month) Sept. (Day) 7, (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2/12/1903
9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plasterer
10b. KIND OF BUSINESS OR INDUSTRY: J. Conroy Co
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Wm Moylan
14. MOTHER'S MAIDEN NAME: Alice McGill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-03-0869
17. INFORMANT AND ADDRESS: Mrs Phyllis Moylan Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malignant Brain Tumor

193X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

54 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6 25 '07
19b. MAJOR FINDINGS OF OPERATION: Craniotomy Malignant Brain Tumor
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1951, to 9-7, 1951, that I last saw the deceased alive on 9-7, 1951, and that death occurred at 3:30 P m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Asst Chief ADDRESS Hyattsville Md DATE SIGNED 9-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/10/51
NAME OF CEMETERY OR CREMATORY: Ft Lincoln
LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Sept 9th 51
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR ADDRESS: F Gaechsone Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6121

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 749-8th Street, S.E. Washington D.C.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Murphy

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1951

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 2-14-1908 — 9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife — 10b. KIND OF BUSINESS OR INDUSTRY: At Home — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Rose — 14. MOTHER'S MAIDEN NAME: Victoria Druggen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — If yes, give war or dates of service: None — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT AND ADDRESS: George Arthur Murphy 1232-11th St. S.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest - Fractured femur

(c) Automobile accident

E16.5
E170

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN): near Bristol — (COUNTY): Pr. Geo - (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: 9-29-51 1.15 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Collision between 2 automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Md. Comr. — Cheverly-Hyattsville Md — 9-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/2/51 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Lanham Md

DATE REC'D BY LOCAL REG.: 10/1/51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 5711 - 8th St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ATBA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05122

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 9 da - 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westwood
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) D. (Last) NAYLOR
4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 19 51
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 4-3-73
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Thomas D. Naylor
14. MOTHER'S MAIDEN NAME: Marion Townshend
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: J. Rodgers Naylor Westwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Prostate with
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis to Bladder. — 1 year
51b (c) Hemorrhage Tumor of Bladder — 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: 9-18-51
19b. MAJOR FINDINGS OF OPERATION: Tumor of Bladder
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 19 51 to Sept 23, 19 51, that I last saw the deceased alive on Sept 23, 19 51, and that death occurred at 9 12 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James E. Sasscer M.D. Upper Marlboro-Md 9-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept 26 '51
NAME OF CEMETERY OR CREMATORY: Horsehead Memorial
LOCATION (City, town, or county) (State): Horsehead Md.

DATE REC'D BY LOCAL REG.: Sept 26 1951
REGISTRAR'S SIGNATURE: R Ernest Smith
24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro Md.

VS-1A15

Item 18 Film G136. 9-25-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

20123

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md — LENGTH OF STAY in this place: 20 D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenbelt
STREET ADDRESS (If rural, give location) 8-G Crescent Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Archibald	M.	Nelson	Sept	14	195 1

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	Sept 7 1895	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor	Bu. Ps. & Eng.	Washington, D.C.	U.S.A.

13. FATHER'S NAME Archibald Nelson — 14. MOTHER'S MAIDEN NAME Celia Cady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Julia Nelson - wife - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
770.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phenobarbital and alcohol toxemia.	
163 B	(c) (9-25-51 - ams)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* X *Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Dep. Med. Examiner	Upper Marlboro, Md	9-25-51

BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Sept. 17, 1951	Rock Creek	Wash D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 15 1951	James Lacey	W.K. Huntemann & Son	F.H. 5732 GA. Ave. N.W. Wash. D.C.

VS-A15A

U.S. Dist. Ct.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9124

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH
COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Upper Marlboro)
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Upper Marlboro)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	James	H.	Parker		9	15	1951.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Feb. 22, 1860	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Parker
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John Parker-(Son) Leeland, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 hrs
442 X Antecedent cause(s)	(b) Hypertensive Cardio - Vascular	
131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Renal Disease	4 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NW	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
—	—		m.			

22. I hereby certify that I attended the deceased from May 1, 1951, to Sept 15, 1951, that I last saw the deceased alive on 9-15, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Tarrcon	M.D.	Upper Marlboro - Md.	9-17-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/17/51	St. Barnabas Episcopal	Leeland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 17th 1951	C. Ernest Smith	Ritchie Bros.	Upper Marlboro, Md.

VS-A15

RECEIVED
SEP 18 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5504 - 43 place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5504 - 43 place

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) (Last) PARSONS

4. DATE OF DEATH: (Month) Apr (Day) 11, (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Oct 17, 1860 | 9. AGE last birthday: 90 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): missouri | 12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Slaughter Perkins | 14. MOTHER'S MAIDEN NAME: Caroline Melbourn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Kathryn E Clark Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis — 1 yr

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

932 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to 9-11, 1951, that I last saw the deceased alive on 9-6, 1951, and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Leonard Hayden M.D. | Hyattsville Md | 4-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF: 9/13/51 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county): Suitland (State): Md

DATE REC'D BY LOCAL REG.: Apr 12 1951 | REGISTRAR'S SIGNATURE: James Devey | 24. FUNERAL DIRECTOR: E Gascheson Sons | ADDRESS: Hyattsville Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A5

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anacostia; STREET ADDRESS (If rural, give location) 5805 - Branch Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Robert; (Middle) H; (Last) Payne

4. DATE OF DEATH: (Month) Sept; (Day) 16; (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-12-1884

9. AGE last birthday: 67 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wall Paper

10b. KIND OF BUSINESS OR INDUSTRY: Own self

11. BIRTHPLACE (State or foreign country): DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert L. Payne

14. MOTHER'S MAIDEN NAME: Effie Greer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Alice Brockman Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis Liver

(c) Carcinoma Prostate Gland

177X

516

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28-, 1951, to 9-16, 1951, that I last saw the deceased alive on 9-16, 1951, and that death occurred at 1:55 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis B. Bachrach M.D. 9-16-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 9/18/51

NAME OF CEMETERY OR CREMATORY: Evergreen

LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG. 9-17-51

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F Brooks Sons Hyattsville Md ADDRESS

RECEIVED
SEP 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8912

Reg. Dist. No. 2-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
LENGTH OF STAY (In this place) 1 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piscataway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) Piscataway Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Flora	Meadine	Pinkney	9	20	1917

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	Jan 26	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Clinton Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Wesley Jones	Eleanor Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Harkeila Pinkney, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia, exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic Carcinoma

1.2X 47C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I ~~hereby certify that I attended~~ the deceased from ....., 19....., to ....., 19....., ~~that I last saw the deceased~~ alive on ....., 19....., and that death occurred at .....m., from the causes ~~and on the date stated above~~.

Natural Causes

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D.	Forestville Md	9/20/17

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/21/17	J. B. Davenport	J. B. Davenport's Md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/21/17	Miss Ellen Davis	Collins Funeral Home	4834 Hunt Pl. N.E.

1 1951

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2475

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W.Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403-Ager Road Mrs.Bell's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist.Of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3049 - Porter Street N.W.

3. NAME OF DECEASED (Type or Print): (First) TIMOTHY (Middle) (Last) RADEOFF
4. DATE OF DEATH: (Month) Sept.29, (Day) (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	April 12,1951	yrs.	5	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Wiesbaden, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Radeoff
14. MOTHER'S MAIDEN NAME: Nancy Church (Radeoff)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Peter Radeoff -3049 Porter St.,Wash.D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hydrocephalus

344X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June7, 19 51, to Sept.29, 19 51, that I last saw the deceased alive on Sept.29, 19 51, and that death occurred at 8 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas H. Peterkuska M.D. 6905-Baltimore Ave.College Pk.,Md. -Sept.29/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept 29 1951 | NAME OF CEMETERY OR CREMATORY Martin W Hysong Funeral | LOCATION (City, town, or county) (State) 1300 N St NW Wash D.C.

DATE REC'D BY LOCAL REG. Sept. 29, 1951 | REGISTRAR'S SIGNATURE Mrs Jos. Devese Deputy Registrar | 24. FUNERAL DIRECTOR Martin W. Hysong Co. | ADDRESS 1300-N St. N.W. Washington, D.C.

VS. A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills; LENGTH OF STAY (in this place) 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6910 Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills; STREET ADDRESS (If rural, give location) 6910 Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) Claude (Middle) Malcolm (Last) Rocca

4. DATE OF DEATH: (Month) Sept. (Day) 25th (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 8/1903

9. AGE last birthday: 48 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steward

10b. KIND OF BUSINESS OR INDUSTRY: Glenn Dale Sanatorium

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Carroll Rocca

14. MOTHER'S MAIDEN NAME: Catherine Poloni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Margaret J. Rocca - 6910 Annapolis Rd Landover Hills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis 420.1 932

(c) Coronary Sclerosis — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to Sept 25, 1951, that I last saw the deceased alive on August 29, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dayton O Watkins Md 5304 Annapolis Rd Bladensburg Md 9-25-51

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE: 9/28/1951 — NAME OF CEMETERY OR CREMATORY: Arlington Nath Cem. — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG. 9/26/51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Co - Riverdale Md

RECEIVED
SEP 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glassmanor
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 Rosedale Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glassmanor
STREET ADDRESS (If rural, give location) 323 Rosedale Court

3. NAME OF DECEASED (Type or Print): (First) Nathan (Middle) (Last) Rubin

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-6-1883

9. AGE last birthday: 68 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham D. Rubin

14. MOTHER'S MAIDEN NAME: Rachael Rubin (cousin)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ben Rubin - 1346 Somerset Pl. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

4428 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

1312 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Malone M.D. Dip. Med. Hyattsville, Md. 9-24-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 24 Sept 51 — NAME OF CEMETERY OR CREMATORY Goldbora Funeral Home — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 9/25/51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Horace Peaker Jr. — ADDRESS 4th & Kennedy N.W. Wash. D.C.

Mrs. Alton Davis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09131

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Hgts — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boulevard Heights
STREET ADDRESS (If rural, give location) 4815 - Clarke St

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Richard (Last) Shepard
4. DATE OF DEATH: (Month) Sept (Day) 3 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec 22 1865
9. AGE last birthday: 85 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Mechanic (Retired) Capital Investment
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Edna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Gertrude A Newsome 4815 Clarke St Bl Hgts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute pulmonary edema — Interval between onset and death: 4 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Congestive Heart failure — 13 years
(c) Hypertension — Unk

4413X
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1950, to Sept 1, 1951, that I last saw the deceased alive on Sept 1, 1951 and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
William Bruce Yowell M.D. — 2353-24th St. S.E.D.C. — 9/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 9/4/1951 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. Sept 2 1951 — REGISTRAR'S SIGNATURE Edna F. Collins — 24. FUNERAL DIRECTOR Pope & Mattingly — ADDRESS 131-11th St SE Wash, D.C.

VS. 15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00132

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Foote
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Potomac River

2. USUAL RESIDENCE (OF HOME) OF DECEASED: STATE Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 207 East Custis Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF Found (Month)	(Day)	(Year)
Overton	Kless	Shifflet	9	18	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	2/7/18	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Car repairman	RF&P RRCo	Virginia	USA

13. FATHER'S NAME: Cornelius Shifflet

14. MOTHER'S MAIDEN NAME: Nellie Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Carrie L. Shifflet same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Potomac river	Fort Foote	P.G.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
? m.			Unknown

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒ *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☒.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M. D.	Forestville, Md.	9/19/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	SEPT. 20. 1951	WASHINGTON NATIONAL	SUITLAND	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-19-51	Amanda Downey	W.W. Chandler Co	3072 M. St. N.W.

Mrs. Allan Rad.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

3.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (Type) The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH
COUNTY Prince George Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md.
LENGTH OF STAY (in this place) 5 hrs. 45 m.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) Box 524

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BABY	Boy	Smith	9	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Baby	9-24-51	yrs.		5 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Burdett Smith
14. MOTHER'S MAIDEN NAME Rose Elizabeth Whitehead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Preeclamptic Toxemia (of mother)	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prolonged Labor 80 hrs	
769.0	(c) Uterine inertia	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterine inanition

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/24, 1951, to 9/25, 1951, that I last saw the deceased alive on 9/25, 1951, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J McCreary	MD	402 Main St Laurel Md	9/26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial today	Sept 25, 1951	Fort Lincoln	District Line Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 25 1951	James Devery	DeWitt Donaldson	Laurel, Md

209241 7/1 405

SEP 27 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

9134

Reg. Dist. No. 142

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights | LENGTH OF STAY (In this place) 4 (illegible)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 - 49th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY (illegible)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 211 - 47th Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert		Smith	9	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
male	white	(illegible)	July 15, 1873	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(illegible)	Farmer	Maryland	U.S.A.

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Smith, same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest B. Boyd M.D.		(illegible)	9/30/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 3, 1951	Cedar Hill	Lanham Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 30-51	Carrie F. Campbell	J. Wm Lee's Sons Co.	Wash, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hollywood, College Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 months
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Pr. Geo.
City or town: Hollywood College Park.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 9716 - 51 Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: HENRY LEE SMITH

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

8.(b) Name of husband or wife: —
8.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): July 13, 1951

8. AGE: Years —; Months 2; Days 4; If less than one day: — hrs. — min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business: —

FATHER
12. Name: HENRY SMITH
13. Birthplace: PENNA

MOTHER
14. Maiden name: IRENE BAKER
15. Birthplace: PENNA

16. Informant: HENRY LEO SMITH
Address: 9716-51st Ave- College Park MD

17. Burial (Burial, cremation, or Removal. Which?) Date thereof: Sept. 18/1951 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Wash D.C.

18. Funeral director: W.W. Chambers Co
Address: Riverdale MD

19. September 19th 19 51 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 17 19 51 at 7 00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 6 19 51 to Sept 17 19 51 and that I last saw him alive on Sept. 15 19 51

Immediate cause of death	DURATION
Bilateral Bronchial Pneumonia with pulmonary congestion	
Due to: Acute Upper Respiratory Infection & Staphylococcus Bacteremia	
Due to: Sepsis	
Other conditions: Vesicular lesion Mitral Valve - Heart.	

(Include pregnancy within 3 months of death)

Major findings of operations: 105 C
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Irwin M. Greenwell M.D. M. D. or other
Address: 2503 Queens Chapel Rd Hyattsville Md Date signed: 9-17-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cornerstone & Society

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1404 Druid Hill Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Smith

4. DATE OF DEATH: (Month) 9- (Day) 27- (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-26-09

9. AGE last birthday: 42 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Road Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Fernand Smith

14. MOTHER'S MAIDEN NAME: Elizabeth Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 217-07-3705

17. INFORMANT AND ADDRESS: Wife - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

416 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic heart disease

795 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville Md 9-27-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 30 Sept 1951 | NAME OF CEMETERY OR CREMATORY St Westley Cemetery | LOCATION (City, town, or county) Liberty Town Md. (State)

DATE REC'D BY LOCAL REG. 9/29/51 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR George L. Kelson ADDRESS Baltimore, Md. 1303 Presstman st

10/3/51 James Devey

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

09137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hts
LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208-61st Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Hts
STREET ADDRESS (If rural, give location) 208-61st Place

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Irdell	Smith	9	25	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Aug 11 1896	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter - semi-retired for years		North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A Smith	Emora Fangley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Charles Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

442X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 151.0 (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the~~ deceased from ....., 19....., to ....., 19....., ~~that I last saw the deceased~~ ~~alive on ....., 19....., and that~~ death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) James J. Bond M.D. ADDRESS 1 deceased Spaunhurst Md DATE SIGNED 9/25/57

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Sept 28/57	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 26-57	Cassie F. Campbell	John A. Mattingly	131-11th St. S.E. Wash D.C.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — MARYLAND — LENGTH OF STAY (in this place) 9 hrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Warwick Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — STREET ADDRESS 417 - Laurel Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Jean (Last) Cooper

4. DATE OF DEATH (Month) (Day) (Year): 9-2-51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-15-41

9. AGE Last birthday: 4 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Laurel - Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Jerome Cooper

14. MOTHER'S MAIDEN NAME: Ruth Mabelle Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Father - Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Meningococcic shock

(c) Adrenal hemorrhage (Waterhouse)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Laurel (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-1-51 9 m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Struck by car while crossing street

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and the said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John F. Mahaney, M.D. Med. Exam. Laurel, Md. 9-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 5 1951 — NAME OF CEMETERY OR CREMATORY: Meadowridge Memorial Park — LOCATION (City, town, or county) (State): Hyattsville, Maryland

DATE REC'D BY LOCAL REG.: Sept 4-1951 — REGISTRAR'S SIGNATURE: M. Brashears — 24. FUNERAL DIRECTOR: DeWitt Donaldson — ADDRESS: Laurel, Md

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainer, Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainer, Md
STREET ADDRESS (If rural, give location) 3415 Newton St N E.

3. NAME OF [redacted] (Type or Print): (First) Eula (Middle) B Laube (Last) Spicer
4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1951
5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed — 8. DATE OF BIRTH 3-15-1889 — 9. AGE last birthday 62 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Virginia — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Calvin Humphrey — 14. MOTHER'S MAIDEN NAME Esther Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Ina Gibson - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral metastasis

(c) Gall bladder neoplasm

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (Sept.) 1, 1951, to 13 Sept., 1951, that I last saw the deceased alive on 11 Sept., 1951, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Gudsak — ADDRESS 900 - 17th St N W — DATE SIGNED 13 Sept 51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9/15-51 — NAME OF CEMETERY OR CREMATORY Remington — LOCATION (City, town, or county) (State) Remington, Va.

DATE REC'D BY LOCAL REG. 9/14/51 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Lee Funeral Home — ADDRESS 300 - 6th St N W

9/15/51 James Lacey

VS-A15

17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 2 da. 10 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. Geo's.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 200 q Somerset St.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Mae (Last) Stevens

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 8-1-97

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Mc Clain

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Florence Turner Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, Bilateral

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cachexia

(c) Ulcerative Carcinoma of Stomach & metastasis to liver.

1571X

42.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE: Lavinia Grosgrean (Degree or title) R.N. ADDRESS 203 Queens Chapel Rd. Mt. Rainier, Md. DATE SIGNED 9-2-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF 9/5/51 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln | LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 9/5/51 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: F. Gaeche's son Hyattsville Md ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside
LENGTH OF STAY (in this place): 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1404 57th Ave., Hillside, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside
STREET ADDRESS (If rural, give location): 1404 57th Ave., Hillside, Md.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) GORDON (Last) SWANSON

4. DATE OF DEATH: (Month) Sept. (Day) 16, (Year) 1951

5. SEX: ~~Female~~ Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 27, 1891

9. AGE last birthday: 60 yrs. — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Argyle, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: George Swanson

14. MOTHER'S MAIDEN NAME: Elizabeth Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Florence E. Armstrong. Same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage (accident?) — Interval between onset and death: 3 Hrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
331X
83a
(b) Generalized arteriosclerosis — —
(c) Paralysis following encephalitis — 29 yrs

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

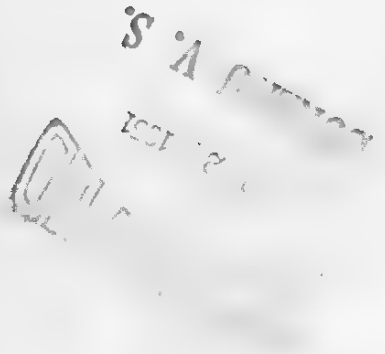
22. I hereby certify that I attended the deceased from Sept. 1, 1951, to Sept. 16, 1951, that I last saw the deceased alive on Sept 16, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: William B. Yowell — (Degree or title): M.D. — ADDRESS: 2353-24th St., S.E. — DATE SIGNED: 17 Sept, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sep. 19, 1951 — NAME OF CEMETERY ~~OR CREMATORY~~: Trinty Cemetery — LOCATION (City, town, or county) (State): Upper Marlboro, Maryland.

DATE REC'D BY LOCAL REG.: Sept. 18, 1951 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR — ADDRESS: W.W. CHAMBERS CO., 517 11th St., S.E., Wash., D.C.



3140

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Selond Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laytonsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Thomas (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 5, 1923

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Curtis

14. MOTHER'S MAIDEN NAME: Lena Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Lloyd Curtis - 512 M. St. N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

810.5

(b) Multiple fractures of body; cerebral concussion

(c) Ridings passenger in auto - hit by train

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN): Bladensburg — (COUNTY): Pr. Geo - — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-28-51 m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Ridings passenger in auto. struck by train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): John D. Malone M.D. Dep Med Examiner — ADDRESS: Cheverly, Md — DATE SIGNED: Sept 29 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 29 Sept 51 | NAME OF CEMETERY OR CREMATORY: Stewart Funeral Home | LOCATION (City, town, or county) (State): 30-H. St. N.E. Wash., DC.

DATE REC'D BY LOCAL REG. 9-29-51 | REGISTRAR'S SIGNATURE: Amanda Downing | 24. FUNERAL DIRECTOR: J J Stewart | ADDRESS: Washington, D.C.

10-1-51 James Siver

3139

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden — LENGTH OF STAY (In this place) Summer
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baden-Westwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Milton	Thompson	9	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	Single	4/30/25	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	U.S. govt	Clinton Md	U.S.A.

13. FATHER'S NAME Allie C Thompson — 14. MOTHER'S MAIDEN NAME Lillian Train

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS George E Thompson Beltsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gun-shot wound of head	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street or public bldg., etc.) INJURY Place of death	(CITY OR TOWN) Baden	(COUNTY) P.G.	(STATE) Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
9	29	51	4:30 P.M.			Shot self in head

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ✓, homicide ___, undetermined ___.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James A Ross M.D.	Forestville Md	9/30/51

M. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3 Oct 1951	Congressional Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 Oct 1951	Amanda Downey	J. Davis Sons	Hyattsville Md

4th Oct, 1951 F. N. Billingsley (acting)

X-7A15A

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg; LENGTH OF STAY (In this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4000 53rd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg; STREET ADDRESS (If rural, give location) 4000 53rd Street

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) Newton (Last) THOMPSON

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 14, 1861

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): Lemington Ontario Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William THOMPSON

14. MOTHER'S MAIDEN NAME: Hannah Imeson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Clay E. Dyson 4000 53 St Bladensburg md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 3 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Cerebral arterio sclerosis — Years

83 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dayton O Watkins MD 5304 Annapolis Rd Hyattsville Md 9-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 15, 1951 — NAME OF CEMETERY OR CREMATORY: Foutz Cemetery — LOCATION (City, town, or county) (State): Gettysburg, RD Adams Co Pa

DATE REC'D BY LOCAL REG. 9-12-51 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: L. L. Allison — ADDRESS: Emmitsburg, Md.

12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 71- Myrtle St., N.E.

3. NAME OF DECEASED (Type or Print): (First) Fountain (Middle) S. (Last) Thornton
4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1/1/76
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Appomatox Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ledbetter Thornton
14. MOTHER'S MAIDEN NAME: Jennie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 578-38-4065
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis, far advanced — 3 mos

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1951, to Sept. 22, 1951, that I last saw the deceased alive on Sept 22, 1951, and that death occurred at 2:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finucane MD — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 9/22/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 9/23/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE RECD BY LOCAL REG. 9/24/51 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: W. Emmet Jones Co. Inc. — ADDRESS: 1439 You St. N.W.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09146

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 yrs., 5 mo. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 515 Kenyon St., N.W.

3. NAME OF DECEASED (Type or Print): (First) MABEL (Middle) (Last) TRACEY

4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/19/22

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Berryville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Morrison

14. MOTHER'S MAIDEN NAME: Minnie Doleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 years 8 mos.

002X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
13X
(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1949, to 9/23, 1951, that I last saw the deceased alive on 9/23, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Finucane M.D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md.

DATE SIGNED: 9/23/51

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 9/26/51

NAME OF CEMETERY OR CREMATORY: J. C. Morgue

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 9/24/51

REGISTRAR'S SIGNATURE: Mae Weiss

24. FUNERAL DIRECTOR: Daniel Lee Finucane MD

ADDRESS: Glendale Md.

220P26

RECEIVED
OCT 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09147

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-16

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) Riggs Rd.

3. NAME OF DECEASED (Type or Print): (First) Karl (Middle) F. (Last) Xander
4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1951

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH Dec 6 1878 | 9. AGE last birthday 72 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sink | 10b. KIND OF BUSINESS OR INDUSTRY PLUMBING | 11. BIRTHPLACE (State or foreign country) GERMANY | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT KARL G XANDER JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	2 days.
443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Cardio Vascular Disease	1937
	(c) Hypertension	1937

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1933, to 9/14, 1951, that I last saw the deceased alive on 9/13, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Howard Snouse M.D. | 7030 Carroll Ave Takoma Park Md | 9/14/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 17, 1951 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Hyattsville Pr. Geo. Co. | (State) Md.

DATE REC'D BY LOCAL REG. Sept. 15, 1951 | REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR Arthur Walter | ADDRESS 254 Carroll St. Takoma Park 12 D.C.

RECEIVED
SEP 17 1951
BUREAU V. S.